

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004029

**Entity Name:** CAREMARK, L.L.C.**Current Principal Place of Business:**ONE CVS DRIVE  
WOONSOCKET, RI 02895**Current Mailing Address:**ONE CVS DRIVE  
LEGAL DEPT  
WOONSOCKET, RI 02895 US**FEI Number:** 95-3382344**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	CAREMARK RX, L.L.C.
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	VT
Name	WACHSMAN, LESLIE
Address	2211 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	VAS
Name	MOFFATT, THOMAS S
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	P
Name	BORATTO, EVA
Address	2211 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	S
Name	HANKINS, SARA
Address	2211 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	SV
Name	ADAMS, LANCE
Address	2211 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS S MOFFATT

VAS

04/16/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date